

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023979

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. S10

INDEXED FILED VS SEP 20 1960

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b Most of life		c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 919 W. Davis St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First James Middle T. Last Freeman			4. DATE OF DEATH Month Sept. Day 5, Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/31/1874	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder & Contractor		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Mortimer L. Freeman		13b. MOTHER'S MAIDEN NAME Sarah E. Bucklew		
14. NAME OF HUSBAND OR WIFE Deceased.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.				
16. SOCIAL SECURITY NO. 510-07-6856			17. INFORMANT Address Newell Freeman, Schenectady, N. Y.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE					INTERVAL BETWEEN ONSET AND DEATH 1 yr	
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS					YRS.	
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>1959</u> to <u>present</u> and last saw her alive on <u>1 Sept 60</u> . Death occurred at <u>1:00 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Norman E. Wilho MD (Degree or title)			22b. ADDRESS Poplar Bluff Mo		22c. DATE SIGNED 7 Sept 60	
23a. BURIAL, CREMATION, RECOVERY (Specify)	23b. DATE 9/7/1960	23c. NAME OF CEMETERY OR CREMATOR City		23d. LOCATION (City, town, or county) (Sign) Poplar Bluff, Missouri		
24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 9/10/60	26. REGISTRAR'S SIGNATURE R. Muehler		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 4 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edgar W. Safford
Licensed Embalmer No. 5394

P. O. Address Paplawka

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.